

Case Management Overlap

These case management/service coordination and hierarchy guidelines of the Department of Health and Human Services are intended to assist Early Interventionists in understanding their roles and their service reporting responsibilities when a DDSN child has multiple Medicaid funded case managers.

Some children who are dually diagnosed or have complex social and/or medical problems may require services from more than one case management provider to be successfully managed and/or integrated into the community. The needs and resources of each child may change over time as well as the need for case management services from another provider. Case management providers must work closely and cooperatively if recipient needs are to be adequately met and duplication of services and Medicaid payments are to be avoided. A system must exist within each case management program to assure that service providers are communicating, coordinating care and services, and adequately meeting each child's need.

Case Management Hierarchy Guidelines:

A primary case manager as well as a secondary provider for each overlapping situation has been determined. The Primary Case Manager, shall: a) ensure access to services, b) arrange needed care and services, c) monitor the case on an on-going basis, d) provide crisis assessment and referral services, e) provide needed follow-up, and f) communicate (telephone or face-to-face) regularly with other involved agencies/providers.

Concurrent Care shall be rendered to an individual in which another provider has been designated the Primary Case Manager. The Concurrent Care provider shall timely notify the Primary Case Manager about: a) changes in the client/family situation they have identified, b) needs, problems or progress, c) required referrals and, d) treatment/service planning meetings. The Concurrent Care provider will render different, distinctive types of services from the Primary Case Manager. Billing is restricted to specific activities.

Ancillary Service providers will render treatment related case management –like services. Ancillary Services procedure codes have been set up for each Ancillary Services provider.

If overlap occurs, these guidelines shall be followed:

KEY:

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| CCEDC | =Continuum of Care for Emotionally Disturbed Children |
| CLTC | =Community Long Term Care |
| DAODAS | =Department of Alcohol and Other Drug Abuse Services |
| DDSN | =Department of Disabilities and Special Needs |
| DMH | =Department of Mental Health |
| DSS | =Department of Social Services |
| MTS | =Managed Treatment Services |
| SCSDB | =South Carolina School for the Deaf and Blind |

CCEDC/DSS Foster Care and DSS Adult Protective Services: CCEDC primary case manager with DSS providing concurrent care.

CCEDC/MTS: Overlap between these two programs is not permissible.

CCEDC/Sickle Cell: CCEDC primary case manager with Sickle Cell providing ancillary services.

CCEDC/DDSN Service Coordination: CCEDC primary case manager with DDSN providing concurrent care.

CCEDC/DDSN Early Intervention (EI): CCEDC primary case manager with EI providing concurrent care.

CCEDC/DMH: CCEDC primary case manager with DMH providing ancillary services.

CCEDC/DAODAS: CCEDC primary case manager with DAODAS providing ancillary services.

CCEDC/CLTC: CLTC primary case manager with CCEDC providing concurrent care.

CCEDC/SCSDB - Commission For Blind: CCEDC primary case manager with SCSDB Commission for Blind providing concurrent care.

CCEDC/DJJ: CCEDC primary with DJJ providing concurrent care.

DDSN Service Coordination/DDSN Early Intervention Case Management: Overlap is not permissible.

DDSN/MTS: MTS primary case manager with DDSN providing concurrent care.

DDSN/DMH: DDSN primary case manager with DMH providing ancillary services.

DDSN/DAODAS: DDSN primary case manager with DAODAS providing ancillary services.

DDSN/Sickle Cell: DDSN primary case manager with Sickle Cell providing ancillary services.

DDSN/SCSDB - Commission For Blind: SCSDB - Commission for Blind primary case manager with DDSN providing concurrent care.

DDSN/CLTC: CLTC primary case manager with DDSN providing concurrent care. DDSN primary case manager for children (0 to 18) receiving CLTC Personal Care Aide Only services.

DDSN/DSS Foster Care and DSS Adult Protective Services: DDSN primary case manager with DSS providing concurrent care.

DDSN/DJJ: DDSN primary with DJJ providing concurrent care.

DDSN Early Intervention/DMH: DDSN primary case manager with DMH providing ancillary services.

DDSN Early Intervention/DAODAS: Overlap not anticipated.

DDSN Early Intervention/Sickle Cell: DDSN primary case manager with Sickle Cell providing ancillary services.

DDSN Early Intervention/SCSDB - Commission for Blind: SCSDB primary case manager with DDSN providing concurrent care. DDSN primary case manager with Commission for Blind providing concurrent care.

DDSN Early Intervention/CLTC: CLTC primary case manager with DDSN providing concurrent care. DDSN primary case manager for children (0 to 18) receiving CLTC Personal Care Aide Only services.

DDSN Early Intervention/DSS Foster Care: DDSN primary case manager with DSS providing concurrent care.

DDSN Early Intervention/DSS Adult Protective Services: Overlap is not anticipated.

DDSN Early Intervention/DJJ: Overlap not anticipated.

DDSN Early Intervention/MTS: MTS primary case manager with DDSN providing concurrent care

DMH/MTS: MTS primary case manager with DMH providing ancillary services.

DMH/DAODAS: DMH primary case manager with DAODAS providing ancillary services for a client with a psychiatric disability & substance abuse problem. For other dually diagnosed clients, whichever agency is pre-dominantly meeting treatment needs will be primary CM.

DMH/Sickle Cell: Sickle Cell primary case manager with DMH providing ancillary services.

DMH/SCSDB - Commission For Blind: SCSDB - Commission for Blind primary case manager with DMH providing ancillary services.

DMH/CLTC: CLTC primary case manager with DMH providing ancillary services.

DMH/DSS Foster Care and DSS Adult Protective Services: DSS primary case manager with DMH providing ancillary services.

DMH/DJJ: DJJ primary case manager with DMH providing ancillary services

DAODAS/Sickle Cell: Sickle Cell primary case manager with DAODAS providing ancillary services.

DAODAS/SCSDB - Commission For Blind: SCSDB - Commission for Blind primary case manager with DAODAS providing ancillary services.

DAODAS/CLTC: CLTC primary case manager with DAODAS providing ancillary services.

DAODAS/DSS Foster Care and DSS Adult Protective Services: DSS primary case manager with DAODAS providing ancillary services.

DAODAS/DJJ: DJJ primary case manager with DAODAS providing ancillary services.

DAODAS/MTS: MTS primary case manager with DAODAS providing ancillary services.

Sickle Cell/SCSDB - Commission For Blind: SCSDB - Commission for Blind primary case manager with Sickle Cell providing ancillary services.

Sickle Cell/CLTC: CLTC primary case manager with Sickle Cell providing ancillary services.

Sickle Cell/DSS Foster Care and DSS Adult Protective Services: DSS primary case manager with Sickle Cell providing ancillary services.

Sickle Cell/MTS: MTS primary case manager with Sickle Cell providing ancillary services.

Sickle Cell/DJJ: DJJ primary case manager with Sickle Cell providing ancillary services.

SCSDB -Commission For Blind/CLTC: Overlap not anticipated between SCSDB and CLTC.

CLTC primary case manager with Commission For the Blind providing concurrent care.

SCSDB Commission For Blind/DSS Foster Care and DSS Adult Protective Services: SCSDB/Commission For the Blind primary case manager with DSS providing concurrent care.

SCSDB Commission For Blind! MTS: MTS primary case manager with SCSDB and Commission For Blind providing concurrent care.

SCSDB Commission For Blind/DJJ: SCSDB primary case manager with DJJ providing concurrent care. DJJ primary case manager with Commission For Blind providing concurrent care.

CLTC/DSS Foster Care and DSS Adult Protective Services: CLTC primary case manager with DSS providing concurrent care.

CLTC/MTS: CLTC primary case manager with MTS providing concurrent care.

CLTC/DJJ: CLTC primary case manager with DJJ providing concurrent care.

DSS Foster Care/MTS: Overlap between these two programs is not permissible except that MTS may bill for attendance at Interagency Staffings.

DSS Foster Care/DJJ: DSS primary case manager with DJJ providing concurrent care.

OTHER CRITERIA/SPECIAL RESTRICTIONS:

1. Each provider shall be responsible for: a) attempting to identify during the intake process whether an applicant is already receiving case management services from another Medicaid provider and b) notifying any other involved Medicaid case management providers of an applicant's request for services.
2. Each provider must bill Medicaid according to Case Management Hierarchy guidelines for each individual receiving case management services from another Medicaid provider.
3. Needed services should never be denied to an individual because another provider has been designated the Primary Case Manager.

4. Each provider shall timely notify other involved agencies or providers if an individual in an overlapping situation terminates their services.

EXCEPTIONS TO THE HIERARCHY/RESOLUTION PROCESS

Each provider is encouraged to resolve any exceptions to the Case Management Hierarchy at the local level. When an exception exists, these guidelines must be followed:

1. If a Concurrent Care provider or an Ancillary Services provider is predominantly meeting the treatment **and** service needs of the individual **OR** if the Primary Case Manager has failed to adequately coordinate care and services, the Concurrent Care provider or Ancillary Services provider may initiate contact with the Primary Case Manager at the local level to request a change in the Primary Case Manager. A meeting should be set up between the two agencies to discuss the feasibility of a change in the Primary Case Manager.
2. Contacts (telephone or face-to-face) between the Concurrent Care provider or Ancillary provider and the Primary Case Manager concerning a change in Primary Case Manager as well as the final determination of a Primary Case Manager must be documented in each provider's case management record. Although documentation of these activities is required, the activities are administrative and are not reimbursable by Medicaid.
3. If the local providers are unable to reach a determination of the most appropriate Primary Case Manager, the case should be referred to the appropriate state agency levels or main office for review.
4. If the state agency or main office administrators are unable to reach a determination of the most appropriate Primary Case Manager, the case should be referred to the Department of Health and Human Services for review.
5. The Department of Health and Human Services may make the determination of the most appropriate Primary Case Manager or may request that a team of other agency representatives make the determination.
6. The involved Medicaid providers will be notified within forty-five (45) days after the case is received by the Department of Health and Human Services whether a change in the primary case manager is warranted.